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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8598

<b>SERIAL NUMBER</b> 09/913,305	<b>FILING DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> <del>2174</del> 2175	<b>ATTORNEY DOCKET NO.</b> U013599-4
<b>APPLICANTS</b> Yoshihiro Yano, Tokyo, JAPAN; Naoyuki Oshima, Tokyo, JAPAN; Fukio Handa, Tokyo, JAPAN; <b>** CONTINUING DATA *****</b> <i>Verified Am</i> THIS APPLICATION IS A 371 OF PCT/JP00/08986 12/19/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>Verified Am</i> JAPAN 11/360273 12/20/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/21/2002</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> <del>16</del> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 00140				
<b>TITLE</b> Distributed data archive device and system				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

CONFIRMATION NO. 34

Bib Data Sheet

SERIAL NUMBER 09/916,663	FILING DATE 07/26/2001  RULE	CLASS 707	GROUP ART UNIT 2175	ATTORNEY DOCK NO. US20 01 0040
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Uwe Nassal, Pforzheim, GERMANY;

\*\* CONTINUING DATA *Verified An* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *Verified An* \*\*\*\*\*  
EUROPEAN PATENT OFFICE (EPO) EP 00 127 965.2 12/20/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 09/10/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 0	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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TITLE  
Interface to a network management system of a communication network

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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RECEIVED  
1080

☐ 1.18 Fees ( Issue )

☐ Other \_\_\_\_\_

☐ Credit